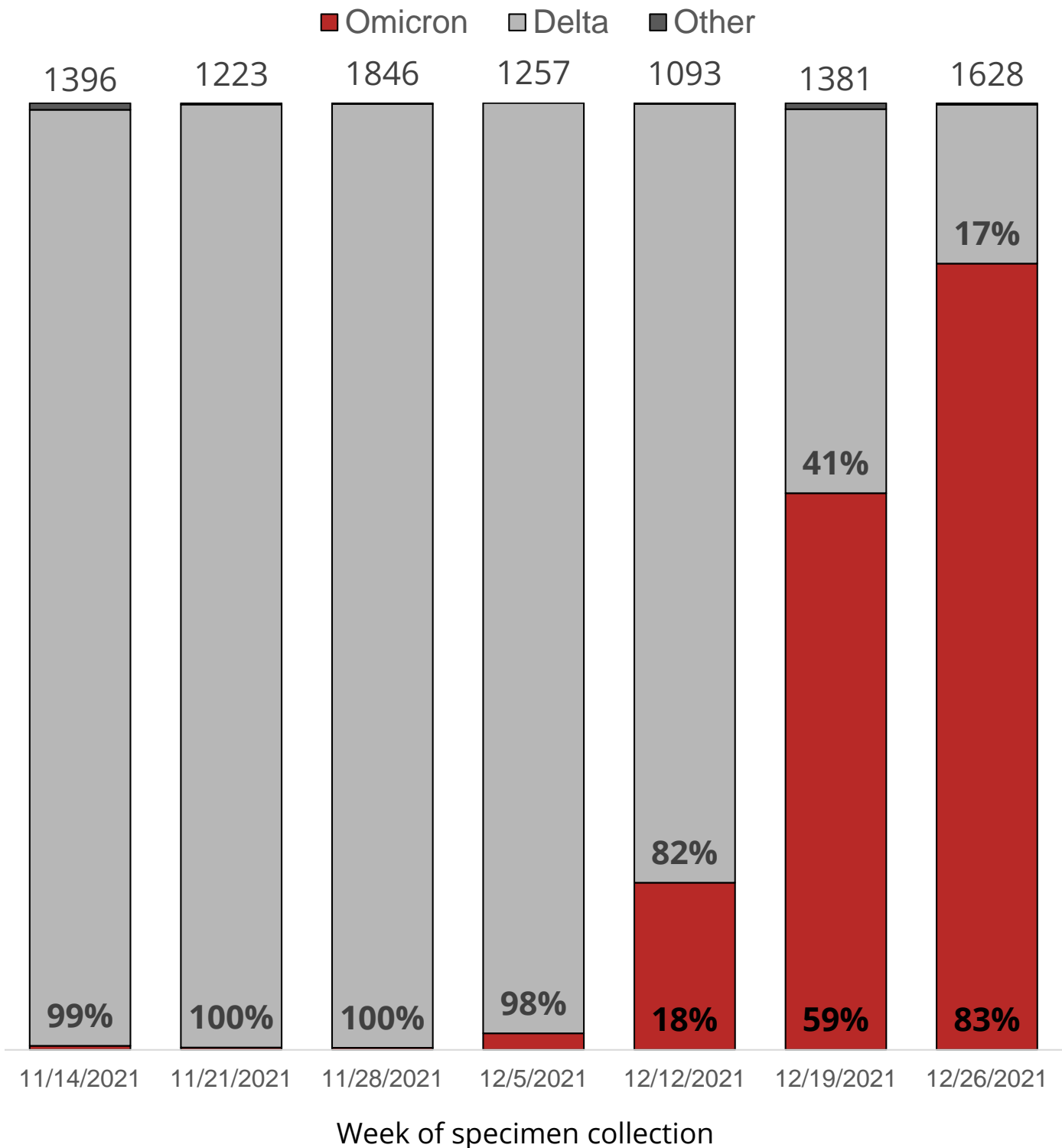


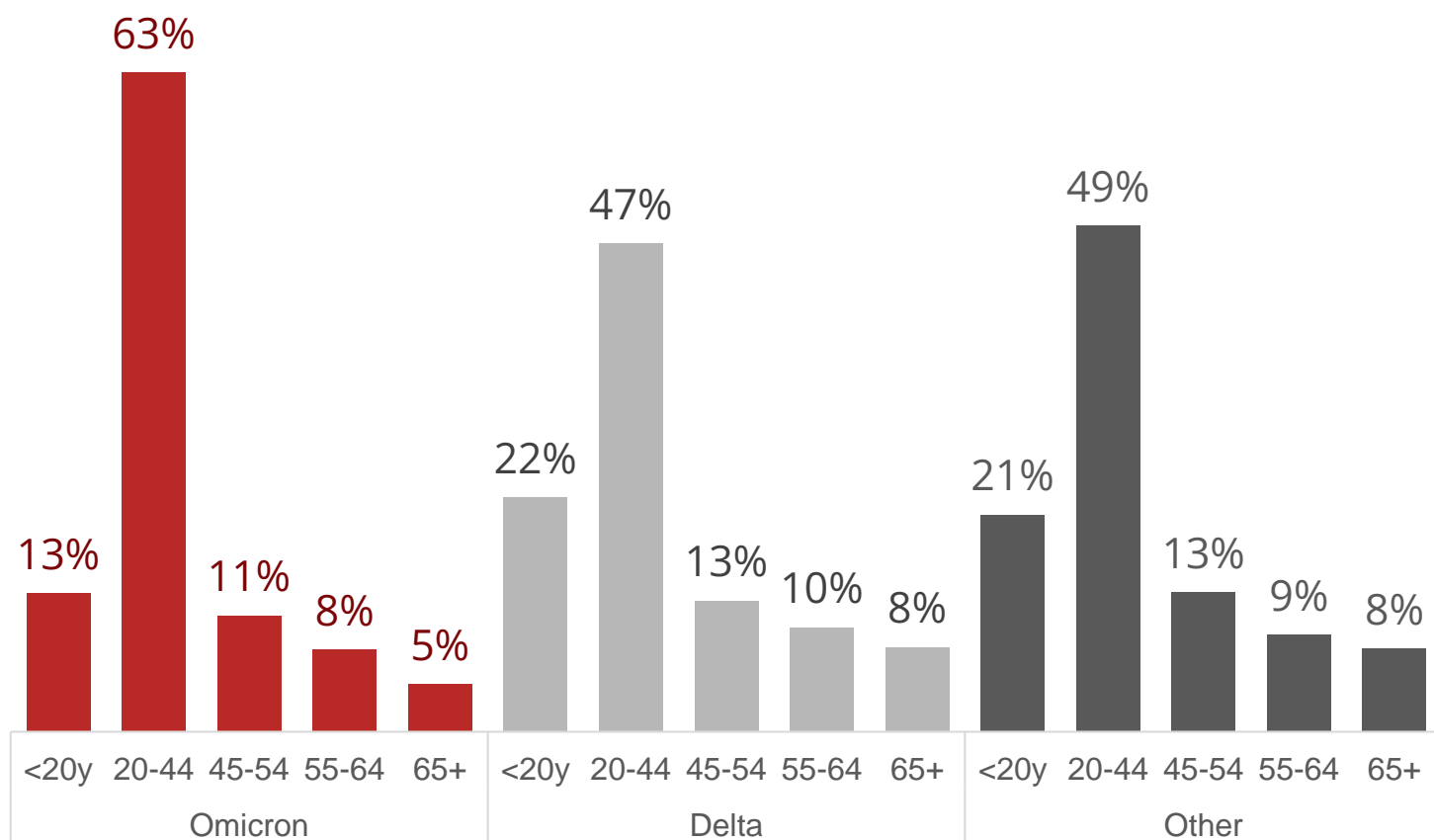


In December 2021, Omicron became the predominant circulating variant in Arizona.



Data timeframe represented above: **11/14/2021 to 01/01/2022**

# Sequenced COVID-19 cases, by variant, for each age group and county



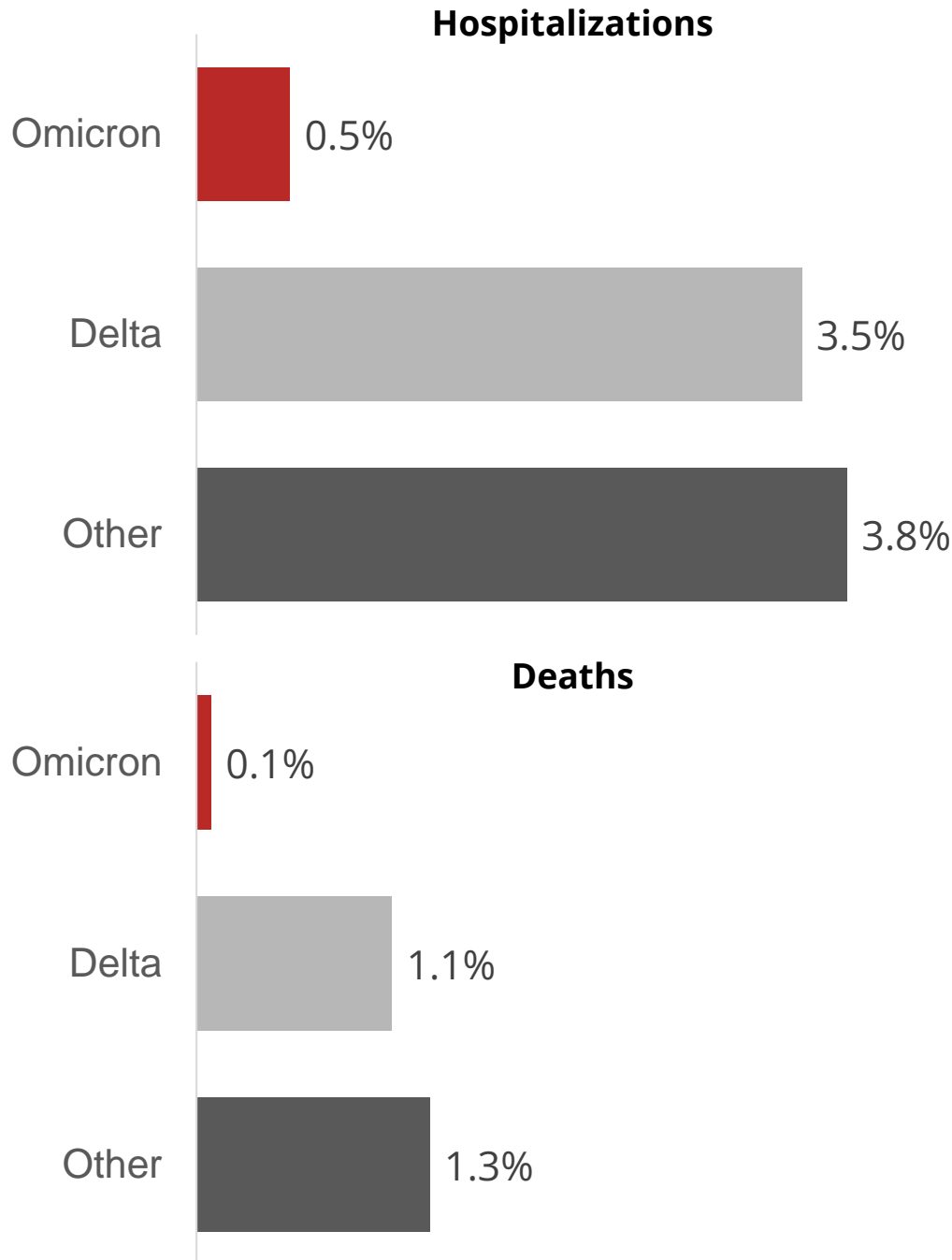
| County of Residence | Omicron | Delta  | Other  | Total Sequenced |
|---------------------|---------|--------|--------|-----------------|
| Apache              | 4.7%    | 69.3%  | 25.6%  | 316             |
| Cochise             | 1.8%    | 68.3%  | 30.0%  | 394             |
| Coconino            | 10.1%   | 64.3%  | 25.5%  | 4,180           |
| Gila                | 2.2%    | 67.8%  | 30.1%  | 183             |
| Graham              | 0.0%    | 61.5%  | 38.5%  | 122             |
| Greenlee            | 0.0%    | 94.0%  | 6.1%   | 33              |
| La Paz              | 4.3%    | 60.9%  | 34.8%  | 23              |
| Maricopa            | 5.4%    | 60.4%  | 34.1%  | 28,786          |
| Mohave              | 1.3%    | 73.3%  | 25.4%  | 1,278           |
| Navajo              | 5.0%    | 68.7%  | 26.3%  | 638             |
| Pima                | 3.9%    | 68.4%  | 27.7%  | 5,868           |
| Pinal               | 2.7%    | 61.7%  | 35.5%  | 2,439           |
| Santa Cruz          | 3.6%    | 70.1%  | 26.3%  | 224             |
| Yavapai             | 2.0%    | 79.3%  | 18.7%  | 892             |
| Yuma                | 1.7%    | 71.4%  | 26.8%  | 1,040           |
| Totals              | 2,408   | 29,317 | 14,690 | 46,055          |

Data timeframe represented above: **calendar year 2021**

# Hospitalizations and deaths of COVID-19 cases, by variant

These graphs show the proportion of sequenced cases for each variant that were hospitalized or died due to COVID-19.

At this time, cases with the Omicron variant were less likely to be hospitalized or die, compared to other sequenced cases.

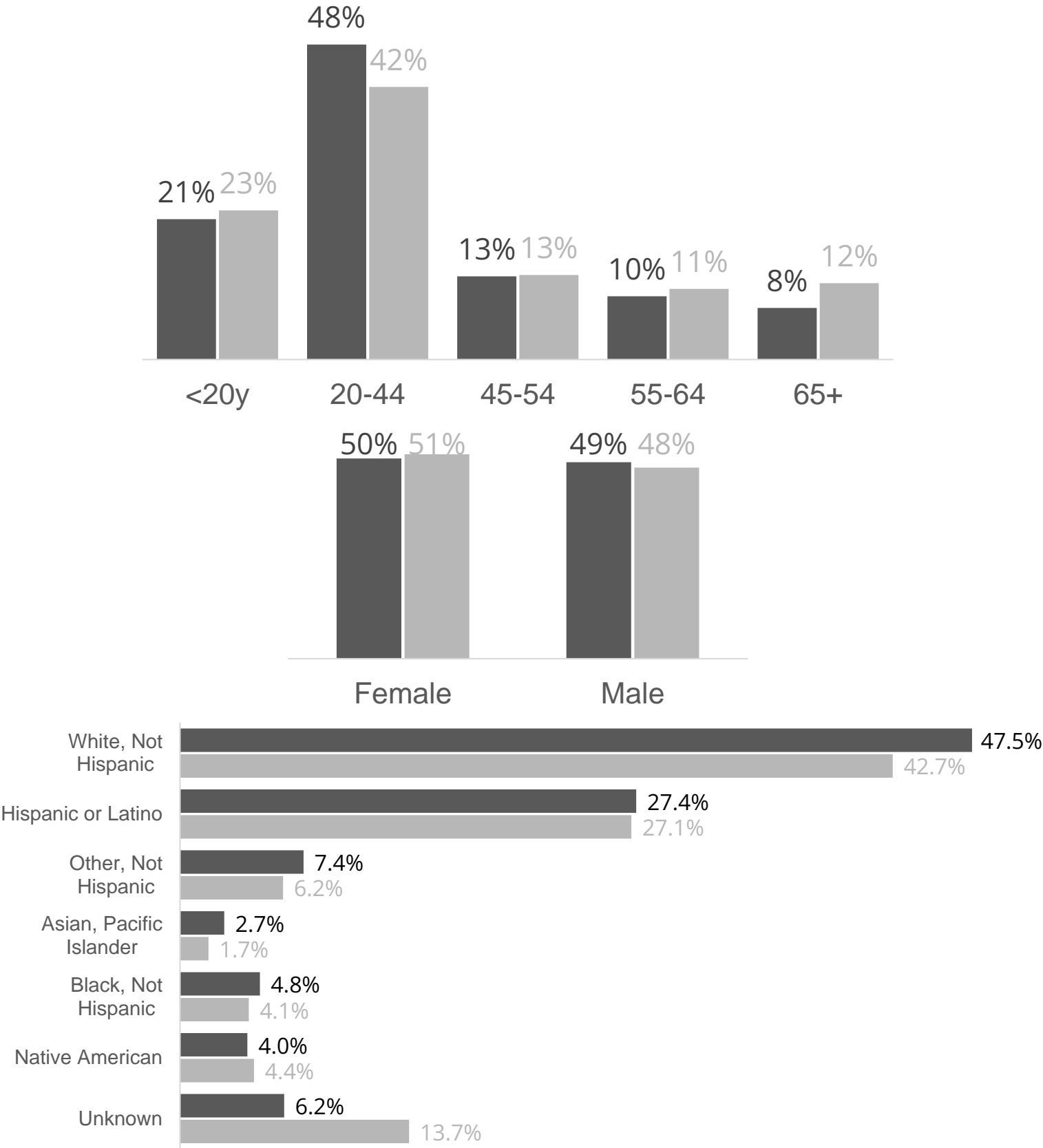


These numbers will change as more information about hospitalizations or deaths is received by ADHS for sequenced cases.

Data timeframe represented above: **calendar year 2021**

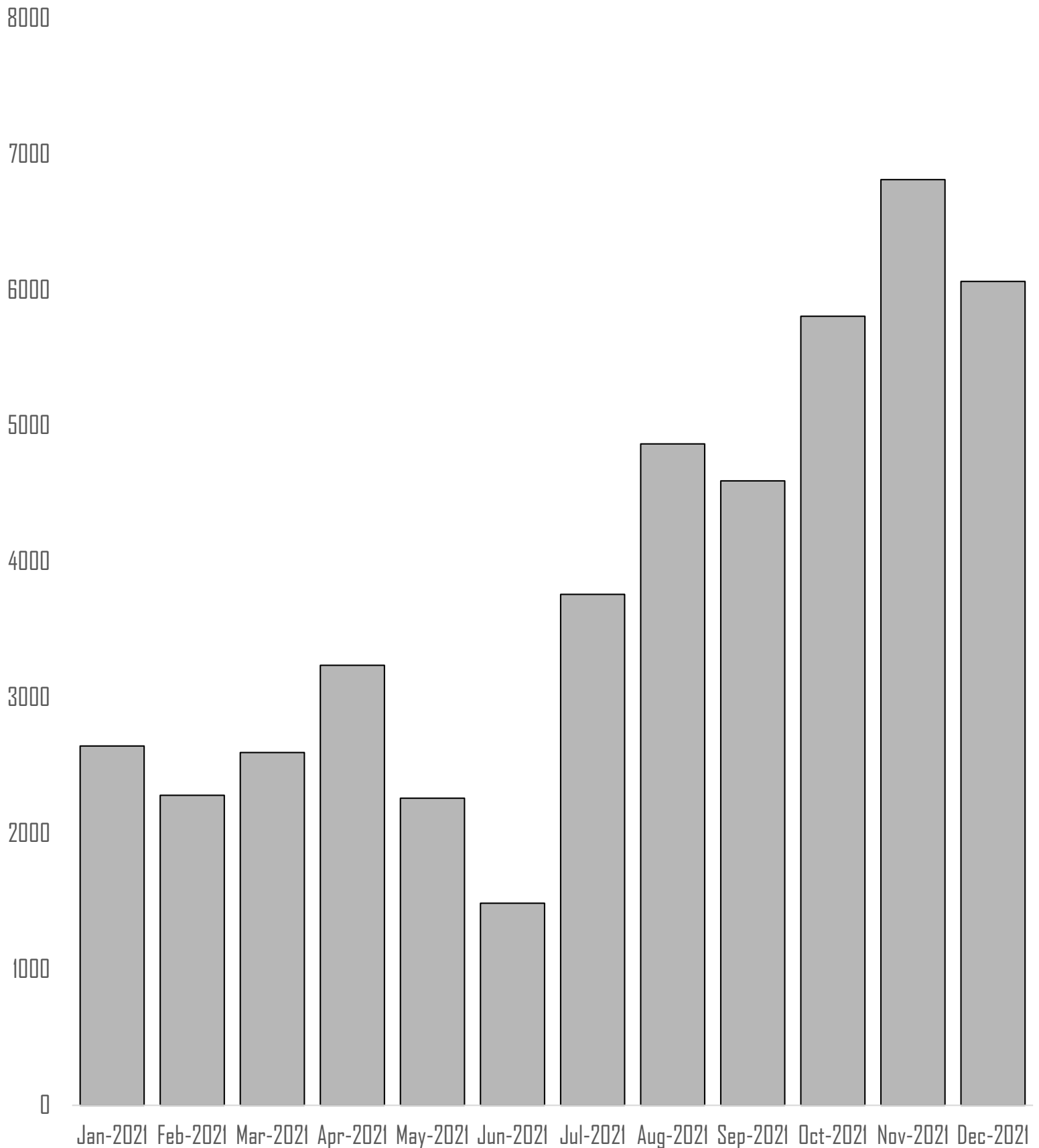
# Proportion of COVID-19 cases sequenced compared to case demographics

Demographics for Arizona’s sequenced cases resemble those for all 2021 COVID-19 cases, although a higher proportion of cases aged 20-44 years have been sequenced.



Data timeframe represented above: **calendar year 2021**

# Number of COVID-19 cases sequenced, by month of specimen collection



Data timeframe represented above: **calendar year 2021**

## About the data:

- Facilities performing laboratory tests for COVID-19 are required to report all COVID-19 test results (including lineage) directly to ADHS pursuant to Executive Order 2021-21.
- Laboratories collect specimens from across the state. Sequencing is performed by specialized laboratories on a sample of specimens. The sequencing results are sent to ADHS and matched to case data.
- The sequencing data shown in this report represent lineage data that has been matched to reported and confirmed COVID-19 cases. Only one sequencing result is shown for a case with multiple results.
- The data timeframe on page 1 (cases with sequenced specimens collected November 14, 2021 to January 1, 2022) was selected to best show the change in prevalence of Omicron.
- The remainder of the report includes the total accumulated cases with sequenced specimens collected January 1, 2021 to January 1, 2022.
  - This data was compiled, verified, and matched by ADHS .
- Sequencing data is derived from whole genome sequencing performed on a proportion of positive COVID-19 samples in Arizona. Not every positive sample for COVID-19 is sequenced.
- ADHS receives data from various partners, affecting the timing of when summarized sequencing data will be available for any given period. Samples are collected, tested for COVID-19, delivered to the respective laboratories then sequenced. ADHS partners validate the quality of the data and report the results. There is time between each step of the process for matching sequence data to case data.
- COVID-19 sequencing data is reported to ADHS at a rapid rate. Interpretation of the data presented should consider that sequencing data is continuously updated.
- In making clinical decisions based on circulating variant proportions please consult with public health.